Centralized Eligibility List (CEL)
Data Dictionary

Use the following Data Dictionary in developing the data elements of a county CEL to ensure data are collected in a consistent manner across counties.

Standard Elements and Format		Description and Comments
FAMILY ELEMENTS		
Application Date	MM/DD/YYYY	Date family applied to the CEL. This information should not be modified.
Update Date	MM/DD/YYYY	Date family information was updated.
Family Home Zip	9 digits	9-digit zip code. 5-digit zip code at minimum.
Family Home County	5 digits	Use Federal Information Processing Standards (FIPS) Codes. The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are: California - 06 Arizona - 04 Nevada - 32 Oregon - 41 If the family resides outside of California, list the state code only. California County Codes are as follows:

California County Codes:

Code	County	Code	County
001	Alameda	059	Orange
003	Alpine	061	Placer
005	Amador	063	Plumas
007	Butte	065	Riverside
009	Calaveras	067	Sacramento
011	Colusa	069	San Benito
013	Contra Costa	071	San Bernardino
015	Del Norte	073	San Diego
017	El Dorado	075	San Francisco
019	Fresno	077	San Joaquin
021	Glenn	079	San Luis Obispo
023	Humboldt	081	San Mateo
025	Imperial	083	Santa Barbara
027	Inyo	085	Santa Clara
029	Kern	087	Santa Cruz
031	Kings	089	Shasta
033	Lake	091	Sierra
035	Lassen	093	Siskiyou
037	Los Angeles	095	Solano
039	Madera	097	Sonoma
041	Marin	099	Stanislaus
043	Mariposa	101	Sutter
045	Mendocino	103	Tehama
047	Merced	105	Trinity
049	Modoc	107	Tulare
051	Mono	109	Tuolumne
053	Monterey	111	Ventura
055	Napa	113	Yolo
057	Nevada	115	Yuba

Standard Elements and Format		Description and Comments
Family Identifier	Text	A unique family identifier. A concatenated field starting with FIPS code, the rest to be determined by counties.
Gross Family Monthly Income	Number Field	Enter the family's total adjusted gross monthly income from all sources. All income must be verified.
Family Size	2 digits	Enter the total family size, including (1) all parent(s)/caretaker(s) listed on the CD 9600, (2) all children named in Section IV, (3) any adult listed on a second CD 9600, and (4) any children listed on a second CD 9600.
Unique Family Characteristics		
Teen Parent	Y/N	Teen Parent Indicator.
Migrant	Y/N	Migrant Worker Indicator
Student	Y/N	Parent is a student at one of the following: CA Community College, CA Sate University, or University of CA
CalWORKs Stage 1	*Y/N*	
CalWORKs Stage 2	*Y/N*	
CalWORKs Stage 3	*Y/N*	*Former CalWORKs recipient off aid for over 24 months*
Reason for Needing Services		Primary reason for needing services.
Protective Services	Y/N	Child referred for protective services because of neglect, abuse, or exploitation, or at risk thereof
Incapacitated	Y/N	Parent/caretaker incapacitated due to medical or psychiatric special needs
Working	Y/N	
Education or Training	Y/N	
Actively Seeking Employment	Y/N	
Seeking Permanent Housing	Y/N	
OPTIONAL FIELDS		*Helpful for analyzing CEL activity*
"Active" Status	*Y/N*	*Is the family "ready" for immediate placement?*
Exit Date	*MM/DD/YYYY*	*Date family left the CEL, for whatever reason.*
Reason for Leaving CEL		
Received care	*Y/N*	*Received subsidized care*
Care not needed	*Y/N*	*Indicated no longer needed care*
Not income eligible	*Y/N*	*No longer income eligible*
Outdated information	*Y/ N*	*Purging file*

Standard Elements and Format		Description and Comments
CHILD ELEMENTS		
Child Unique Identifier	Text	A concatenated field consisting of parent one first name, child first name, child last name, and child date of birth.
Child Enrolled In		
Head Start	Y/N	
CalWORKs	Y/N	Child care; not indicator of parent's CalWORKs status
State Preschool	Y/N	
Other CDD Subsidized Program	Y/N	
Child's Birth Date	MM/DD/YYYY	
Adjustment Factor Code	2 digits	Record the primary adjustment factor. This code indicates if the child is: 21) Infant 22) Exceptional Needs 23) Child Protective Services 24) Severely Disabled 25) Limited English Proficient – LEP 27) Toddler
Schedule Requested		
Full Time Care	Y/N	Six hours or more per day, 30 hours or more per week, or 126 hours per month or more (based on a 21-day month)
Part Time Care	Y/N	Less than six hours per day, Less than 30 hours per week, or Less than 126 per month (based on a 21-day month)
Evening	Y/N	Weekday - 6 p.m. to 12 a.m.
Overnight	Y/N	Weekday - 6 p.m. to 6 a.m.
Weekend	Y/N	6 p.m. on Friday to 6 a.m. on Monday
Sibling Indicator	Y/N	A field to indicate if the child has a **sibling currently receiving subsidized care**, regardless of whether or not the sibling is on the CEL.

Italics: Optional fields for the CEL Pilot Project